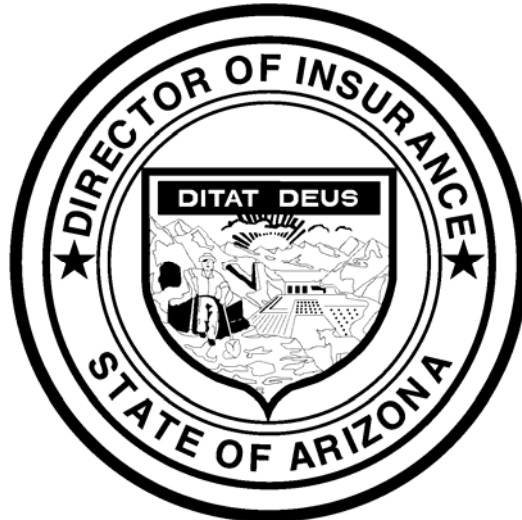


# INSTRUCTIONS FOR FORM L-169

## *Insurance License Application for an Individual*



**DO NOT use Form L-169 to renew a license.** See the PRODUCERS page of the Department of Insurance web site for instructions on how to renew a license.

**To apply for a license, complete and submit Form L-169 with other required materials OR apply online using the National Insurance Producer Registry (NIPR) Web site.** Visit the PRODUCERS page of the Department of Insurance Web site ([www.azinsurance.gov](http://www.azinsurance.gov)) to learn how to apply for a license online. The following are instructions for applying for a license using Form L-169.

**You can use this set of application and instructions until June 30, 2010.** If submitting an application after June 30, 2010, obtain the current application from the PRODUCERS page of the Department of Insurance web site ([www.azinsurance.gov](http://www.azinsurance.gov)).

**Carefully read instructions.** The instructions describe additional forms or documents that may need to be submitted with your license application. If your license application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.

**Clearly print in ink or type the application and sign it in ink.**

**Carefully review the application before submitting it.**

**QUESTIONS?** Before calling the Department of Insurance, look for the answer to your question on the PRODUCERS page of the Department of Insurance Internet web site ([www.azinsurance.gov](http://www.azinsurance.gov)). For questions not addressed on our web site, contact the Insurance Licensing Section:

- E-mail: [Licensing@azinsurance.gov](mailto:Licensing@azinsurance.gov)
- Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

**Keep these instructions for your records.** Do not submit these instructions with your license application.

**Send your application materials and fees to**

INSURANCE LICENSING SECTION, 2910 N 44<sup>TH</sup> ST # 210, PHOENIX, ARIZONA 85018-7269

# INSTRUCTIONS FOR FORM L-169

## Insurance License Application for an Individual

Do NOT use Form L-169 to renew a license. Use IPLUS, the Insurance Professional License Update System, to renew an existing license.

### 1. Licensing eligibility requirement.

- All Arizona-resident applicants, and all (resident or nonresident) adjuster or bail bond agent license applicants must accompany the license application with a completed and signed original of Form L-152 and a copy of both sides of one of the required forms of identification.
- Obtain Form L-152 from the PRODUCERS page of the Department of Insurance web site ([www.azinsurance.gov](http://www.azinsurance.gov)).

### 2. Carefully read all instructions before completing your application. Incomplete applications are returned and delay processing. If you need help:

- Visit the PRODUCERS page of our Web site at [www.azinsurance.gov](http://www.azinsurance.gov) (the fastest way to obtain information or forms), or
- Send e-mail to [licensing@azinsurance.gov](mailto:licensing@azinsurance.gov); or
- Call the Insurance Licensing Section at 602-364-4457 (or 877-660-0964 toll-free within Arizona but outside the Phoenix Area).

### 3. Examination requirements.

You may be required to pass an examination administered by Prometric before submitting your license application. For examination information, visit Prometric's Internet web site at [www.prometric.com/arizona](http://www.prometric.com/arizona), contact Prometric by phone at 800.853.5448 (or for Telecommunications Device for the Deaf, use 800.790.3926), or write Prometric at  
**Prometric, 1260 Energy Park Drive, Second Floor, St. Paul, MN 55108-5252**

### 4. License expiration:

A new license expires on the last day of the licensee's birth month between 3 and 4 years from the date of issuance. Added license authority expires on the same date as existing authority.

### 5. Fees.

Fees are **NON-REFUNDABLE** and are not prorated [ARS § 20-167(B)]. Make your check or money order payable to **INSURANCE LICENSING SECTION**. The following are fees to obtain a new Arizona insurance license or to add authority to an existing license:

- LICENSE FEE OTHER THAN SURPLUS LINES BROKER: **\$120.00** for one or more lines of authority (meaning \$120 in total, regardless of the number of non-surplus lines broker lines of authority for which you are applying).
- SURPLUS LINES BROKER LICENSE FEE: The license fee for Surplus Lines Broker or Mexican Insurance Surplus Lines Broker is:
  - **\$500.00** to add authority to an existing license that expires in two years or less; OR
  - **\$1,000.00** to add authority to an existing license that expires in more than two years.
- LICENSE FEE FOR BOTH, SURPLUS LINES AUTHORITY AND OTHER AUTHORITY: **\$1,120.00**.
- FBI FINGERPRINT PROCESSING FEE: If required to submit a fingerprint card as part of your license application (see Paragraph 6, "Fingerprint Requirements"), include **\$24.00** (subject to change).

**NOTE:** The FBI fingerprint card processing fee is not related to the amount you may have to pay to have your fingerprints applied to a fingerprint card.

**6. Fingerprint requirements.** If you do not currently hold an Arizona insurance license, include a fingerprint card (Form FD-258) with your application if any of the following applies:

- a. You are an Arizona resident and have not submitted a fingerprint card to the Arizona Department of Insurance within one year, OR
- b. You reside outside Arizona and are applying for a bail bond agent license, OR
- c. You reside outside Arizona, are applying for an adjuster license, and do not hold an adjuster license in your home state.

Fingerprint Clearance Cards are **NOT** acceptable.

If the Department of Public Safety cannot read your fingerprints, you will be required to submit a replacement card. Prometric's system for applying fingerprints to fingerprint cards provides superior results. Contact Prometric at 800.853.5448 (or for Telecommunications Device for the Deaf, use 800.790.3926) for details.

**7. Nonresident applicants.**

- The Department of Insurance will determine your license status by checking the Producer Database, maintained by the National Insurance Producer Registry. If we cannot verify your license status, you may need to submit a letter of certification from your home state.
- If you are a nonresident applying for limited-line license authority that is not shown in SECTION II of the application, write the line of authority on the line entitled, "Other limited line." You must be licensed in good standing in your home state for the limited line of authority.

**8. Relocating to Arizona.** You can avoid having to pass a pre-license examination if we receive your license application, fingerprint card, Form L-152, photocopy of identification, fee payment and a "clearance letter"<sup>1</sup> within 90 days after you cancel your license in your former home state.

**9. Adjuster.**

- All adjuster applicants (resident and nonresident) must pass Arizona's adjuster examination. ARS § 20-321.01(C)(3).
- See Paragraph 6, "Fingerprint requirements."
- Non-resident adjuster applicants must complete Form L-181 (Addendum).

**10. Bail bond agent.**

- Include a surety bond executed on Form L-195 in the sum of \$10,000, which must be accompanied by the surety's power of attorney.
- Pursuant to ARS § 20-340.03(A)(9), bail bond agents may not employ or assist in the employment of any person who has been convicted in any jurisdiction of theft or of any felony or any crime involving carrying or the possession of a deadly weapon or dangerous instrument.

**11. Managing general agent.**

- Have Form L-107 completed by an authorized official of the insurance company with which you have a contract and submit the form with your application.
- Submit a surety bond executed on Form L-106, or cash, a certificate of deposit, or securities eligible for investment pursuant to Title 20, Ch. 3., Art. 1 and 2, for the amount calculated on Form L-107.

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<sup>1</sup> "**Clearance letter**" means a document executed by an official from the insurance department in your former state of residence that demonstrates you were licensed in good standing at the time you canceled the license in your former state.

- 12. Risk management consultants.** Include written authorization from the political subdivision (city/town/county) with which you are employed.
- 13. State Compensation Fund of Arizona marketing representatives.** Marketing representatives of the Arizona State Compensation Fund may not be licensed to sell any other type of insurance other than workers' compensation insurance. ARS § 23-986(B).
- 14. Variable contracts agents.** Arizona residents and residents from CO, FL, IN, MI, NC, TX, WA and WI must include evidence that the applicant is licensed as a registered representative or principal in good standing with the Financial Industry Regulatory Authority (FINRA). ARS § 20-2662(A). Follow the "FINRA Broker Search" instructions in the "USE ONLINE SERVICES" section of the Department of Insurance PRODUCERS web page and submit a printout from **www.finra.org** showing you are actively registered with a broker/dealer.
- 15. If you answered "YES" to one or more of the questions in Section V, you must include**
- a. a SIGNED statement describing **in detail** all incidents including
    - names of all parties involved,
    - dates and locations,
    - the names and localities of any courts and/or administrative agencies involved,
    - the disposition of each matter,
    - whether the conviction, plea or finding was for a felony or open-ended charge; **AND**
  - b. Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. *If copies are not available, provide a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.*
- 16. Assumed Name (or DBA).**
- While conducting insurance business, you must use your legal name (as shown on your license) unless you are granted permission by the Insurance Department to use another name.
  - To use another name, submit Form L-193. Register the name as a "trade name" with the Arizona Secretary of State's Office ([www.azsos.gov](http://www.azsos.gov), or 602-542-6187) to prevent the name from being claimed by someone else (and relinquished by you).
  - We may deny the use of an assumed name if the name is being used by another licensee or if the name could mislead or deceive the public as to the nature of business to be transacted.

**SEND ALL LICENSING-RELATED MATERIALS AND FEES TO THE FOLLOWING ADDRESS:**

**Insurance Licensing Section  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269**

NOTE: The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 USC §1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions. *Access the "Section 1033 waiver" link from the "FIND ADDITIONAL RESOURCES" section of the Department of Insurance PRODUCERS page for additional information.*

THE DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990. **Persons with disabilities may request reasonable accommodation by contacting the Department of Insurance ADA Coordinator, at 602.364.3471.**

# APPLICATION FOR AN INDIVIDUAL INSURANCE LICENSE (FORM L-169)

FOR APPLICATIONS RECEIVED BY THE ARIZONA DEPARTMENT OF INSURANCE ON OR BEFORE 6/30/2010

## 1. CAREFULLY READ THE ENCLOSED INSTRUCTION PAGES. INCOMPLETE APPLICATIONS WILL BE RETURNED.

2. Complete ALL PAGES (printed in ink or typed) of this form and fulfill all other requirements shown in the enclosed instructions. Any additionally required forms are available on the PRODUCERS page of our Internet web site ([www.azinsurance.gov](http://www.azinsurance.gov)).

3. Remove any stubs from your check or money order and staple your payment to the front of this page in the location indicated (immediately below SECTION II).

4. **DO NOT** use this form to renew a license. See the PRODUCERS page of our web site for instructions on how to renew a license.

5. Send your application materials and payment to:

**INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269**

## SECTION I: BUSINESS INFORMATION

<b>A. (Legal) Last Name</b> (including Jr/Sr/etc if applicable)		<b>B. Full First Name</b>		<b>C. Full Middle Name</b>		
<b>D. Physical</b> Street Address of Place of Business (*may not be a PO or PMB box)				City	State	Zip Code
<b>E. Name of Business</b> (if applicable, for mailing purposes)*:				<i>*If your business entity is involved in the sale, solicitation or negotiation of insurance, that business shall be separately licensed.</i>		
<b>F. Mailing</b> Address (optional; P O box permitted)				City	State	Zip Code
<b>G. Business Phone</b> w/ Area Code:		<b>H. Fax</b> w/ Area Code (optional):		<b>I. E-mail Address</b> (optional):		

## SECTION II: LINES OF LICENSE AUTHORITY Write an "X" in the box to the left of the line(s) of authority for which you are applying:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Life Insurance Producer                              | <input type="checkbox"/> Property Producer                                     | <input type="checkbox"/> Adjuster                               | <input type="checkbox"/> Property & Casualty Managing General Agent             |
| <input type="checkbox"/> Accident and Health or Sickness Producer             | <input type="checkbox"/> Casualty Producer                                     | <input type="checkbox"/> Bail Bond Agent                        | <input type="checkbox"/> Life Managing General Agent                            |
| <input type="checkbox"/> Variable Life and Variable Annuity Products Producer | <input type="checkbox"/> Personal Lines Producer                               | <input type="checkbox"/> Surplus Lines Broker                   | <input type="checkbox"/> Accident and Health or Sickness Managing General Agent |
| CRD # _____   |  |   |   |
| <input type="checkbox"/> Credit Insurance Producer                            | <input type="checkbox"/> Travel Accident Ticket and Baggage Insurance Producer | <input type="checkbox"/> Mexican Insurance Surplus Lines Broker | <input type="checkbox"/> Risk Management Consultant                             |
|   |  |   | <input type="checkbox"/> SCF of Arizona--Marketing Rep                          |
| <input type="checkbox"/> Other limited line (see instructions): _____         |  |   |   |

{← HERE, ALIGN TOP OF CHECK OR MONEY ORDER AND STAPLE ON LEFT SIDE (REMEMBER TO REMOVE ANY STUBS FROM PAYMENT)}

## SECTION III: PERSONAL INFORMATION

<b>A. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>B. Date of Birth:</b>		
<b>C. Social Security Number</b> [required by ARS § 25-320(P)]:		<b>8. Home</b> Area Code and Phone Number: (required)		
<b>9. Physical</b> Street Address of Applicant's Home (required *may not be a PO or PMB box)		City	State	Zip Code

## SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

_____ exam passed on ____/____/____ _____ exam passed on ____/____/____	<b>License #:</b> _____ <b>TF#:</b> _____	<input type="checkbox"/> 56 Quad Other (120) <input type="checkbox"/> 58 Quad SLB (1000) <input type="checkbox"/> 18 Half SLB (500) <input type="checkbox"/> 66 Fingerprint (24 X _____)	PDB Checked <input type="checkbox"/> Active CRD Verified <input type="checkbox"/> L-152 submitted <input type="checkbox"/> License Tech Initials _____
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**SECTION IV: INSURANCE LICENSE HISTORY** Are you presently, or have you ever been, licensed to transact any kind of insurance in this state or elsewhere? **Yes**, ☐ **No** ☐ If "Yes," attach a list of the insurance licenses you held and, for each, the license number, the line(s) of insurance on the license, the state or locality that issued the license, the date the license was issued and the date the license expired/expires.

**SECTION V: ADDITIONAL INFORMATION** Carefully read and respond to each of the following questions. **You should provide a "YES" answer even if you believe an incident has been cleared from your record.** Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application. **NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see paragraph 13 in the instructions.**

For the purposes of this application, "judgement" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program.

A. Have you EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you EVER withdrawn an application for a license or certification to avoid its denial, or have you EVER surrendered a license or certification to avoid disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you EVER been found guilty of, have you had a judgment made against you for, or have you admitted to, any of the following:	
1. A felony (of any kind)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Forging another's name to any document related to an insurance transaction? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Withholding, misappropriating, converting or stealing money or property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Committing an insurance unfair trade practice or fraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Transacting, or helping someone else transact, insurance without the required license authority? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is any case currently pending against you in any jurisdiction accusing you of any issue listed in Question C?:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. If you are not applying for a bail bond agent license, answer "Not applicable."	
Otherwise, if you are applying for a bail bond agent license, have you EVER been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor) that involved carrying, illegally using or possessing a deadly weapon or dangerous instrument? .....	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION VI: EMPLOYMENT HISTORY** List your employment, insurance and non-insurance, history (and periods of unemployment or education) and insurance-related experience for the past five years. If more space is required, attach and sign a separate sheet containing the information.

Employer Name	Position Held	City/State	EMPLOYMENT DATES	
			FROM (mm/yy)	TO (mm/yy)

- SECTION VII: AUTHORIZATION AND RELEASE** By signing and submitting this application, you agree to the following.
- You authorize the Arizona Department of Insurance ("DEPARTMENT") to conduct a background investigation to determine your fitness for an insurance license. You agree to promptly respond to questions that may arise from the investigation.
  - You authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information about you to furnish the DEPARTMENT with any such information and you permit the DEPARTMENT, its employees, agents or representatives, and your authorized insurers, to inspect and make copies of such documents, records and other information.
  - You release, discharge and exonerate the DEPARTMENT, its employees, agents and representatives, the State of Arizona, your authorized insurers, and any person furnishing information pursuant to this Authorization and Release from any and all liability that may arise from the investigation made by the DEPARTMENT.
  - You attest that you have read and understand the foregoing. You certify, under penalty of denial, suspension or revocation of the license and under any other penalties that may apply that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of your knowledge and belief.

Full Signature of Applicant